

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF RHODE ISLAND

3rd Amended Form A
THREE PAGE DOCUMENT
(rev. 6.21.13)

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In re:

Deana Capaldi Moore : BK No. 16-10818

Debtor(s) : Chapter 13
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NOTICE AND/OR REQUEST FOR LOSS MITIGATION – BY THE DEBTOR(S)

As Debtor(s) in this case, I/we hereby request loss mitigation (LM) with respect to *[Identify the property, loan, purpose of the loss mitigation and creditor(s) for which loss mitigation is requested]*:

NAME AND MAILING ADDRESS OF CREDITOR: Dietech

P.O. BOX 6172, RAPID CITY, SD 57709

PROPERTY ADDRESS: 37 Rosner Avenue, North Providence, RI 02904

Last 4 Digits of Loan Account: 8441

PURPOSE FOR PARTICIPATION IN LOSS MITIGATION:

☒ Loan Modification

☐ Short Sale

☐ Other: _____

Check which applies. Creditor is the holder of the:

First Mortgage ☒ or Second Mortgage _____

SIGNATURE (JOINT DEBTORS MUST EACH SIGN BELOW)

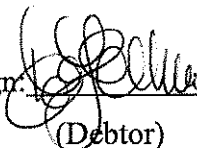
I/we understand that if the Court orders loss mitigation in this case, I/we must comply with the Loss Mitigation Procedures and will participate in loss mitigation in good faith. I/we understand that loss mitigation is voluntary, and that I/we am/are not required to enter into any agreement or settlement with any other party as part of this loss mitigation, and understand that no other party is required to enter into any agreement or settlement with me/us. I/we also understand that **I/we am/are not required to request dismissal of this case** as part of any resolution or settlement that is offered or agreed to during the LM period. **I/we also certify that the property in question consists only of real property used as a principal residence in which I/we hold an interest.**

Sign:  Date: 5-25-16 Sign: _____ Date: _____

I/we further certify as follows:

() During the Loss Mitigation period, I/we will make monthly adequate protection payments to the loss mitigation Creditor in an amount equal to 31% of my/our gross monthly income as reported on Bankruptcy Schedules I & J, subject to the exceptions set forth herein. If more than one Loan is subject to loss mitigation, the combined adequate protection payments for all such Loans shall be equal to 31% of my/our gross monthly income as reported on Bankruptcy Schedules I & J. In the event 31% of my/our gross monthly income as reported on Bankruptcy Schedules I & J is insufficient to pay the Escrow portion of all Loans subject to loss mitigation, I/we shall make monthly adequate protection payments equivalent to the contractual monthly Escrow payments due under the relevant Loans. Further, if my/our contractual monthly mortgage payments, including the Escrow portion, for all Loans subject to loss mitigation is less than 31% of my/our gross monthly income as reported on Bankruptcy Schedules I & J, then I/we shall make monthly adequate protection payments equivalent to the contractual amounts due under the Loan documents. Such monthly payments must commence within (a) 30 days of the entry of the Loss Mitigation Order or (b) 10 days after the Creditor provides its contact information, whichever is the later date. I/we understand that failure to timely make such adequate protection payments may result in termination of loss mitigation.

() I/we consent to the payment of legal fees to my/our counsel and to the above Creditor's counsel in an amount up to \$2,000 each, or such additional amount as the Court may allow upon application and notice of hearing. Creditor's counsel may not require payment of such fee by the Debtor(s) during the loss mitigation process or as a condition of participation in the loss mitigation process; the fee may only be assessed to the Debtor(s)'s Loan account.

Sign:  Date: 5-25-16 Sign: _____ Date: _____
(Debtor) (Debtor)

DEBTOR(S) INFORMATION:

Print Full Name (if joint case, name both Debtors): Deana Capaldi Moore

Mailing Address: 37 Rosner Avenue, North Providence, RI 02904

Telephone Number: 401-486-9830

Email Address(s) (if any): _____

Attorney Information (if any):

Name: Todd S. Dion, Esq.

Address: 1599 Smith Street, North Providence, RI 02911

Telephone Number: 401-353-1230 Fax Number: 401-353-1231

Email Address (if any): toddsdion@msn.com

Preferred Method of Contact:

X Debtor(s)'s Attorney

 Debtor(s)

Pursuant to Section V of the Loss Mitigation Program, the above named Creditor has fourteen (14) Days to file with the Court and serve on the Debtor(s) and Debtor(s)'s attorney, any objection to this Request at:

**U.S. Bankruptcy Court, District of Rhode Island
The Federal Center, 380 Westminster Street,
Providence, Rhode Island 02903**